Whereas, For Fairhealth to serve its purpose, it must continue to report Usual and Customary Rate (UCR) data as it has been doing; and

Whereas, Tremendous effort was expended to create Fairhealth as an independent database, that would accurately report the charge data and not be influenced to alter the collected data; and

Whereas, Fair Health’s database contains 28 billion claims collected from all 50 states; and

Whereas, Fair Health’s database is used a reference point for charge data by numerous states; and

Whereas, There is increasing usage by states of so-called “all payer databases” (APDs) that contain payment data supplied by health insurance companies; and

Whereas, Such APDs often contain incomplete data, such as excluding data from self-insured health plan sources; and

Whereas, Congress is currently debating whether to enact legislation that would set forth payment standards and/or processes to determine payments for out of network surprise hospital medical bills; and

Whereas, Some legislators have indicated a preference for use of APD payment data for an out of network payment benchmark instead of use of comprehensive charge data supplied by physicians; and

Whereas, Failure to fairly account for charge data in an out of network surprise bill benchmark could have disastrous consequences for physicians attempting to negotiate fair contracts with health insurance companies; therefore be it

RESOLVED, That our American Medical Association advocate that any legislation addressing surprise out of network medical bills use Fair Health usual and customary data and not all payer database data. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 04/25/19